


My Turning Point Experience

Tell us what you think




1. Do you think the idea is a good one?

☐ Yes

☒ No

☐ Not sure





Easy read questionnaire





This questionnaire is to help Turning Point find out how people feel about their support.



What we learn will help us make services better.



We are asking everyone who is supported by Turning Point the same questions.



We are asking people to answer 9 questions.



You don't leave your name, and no one can tell the answers that you give.

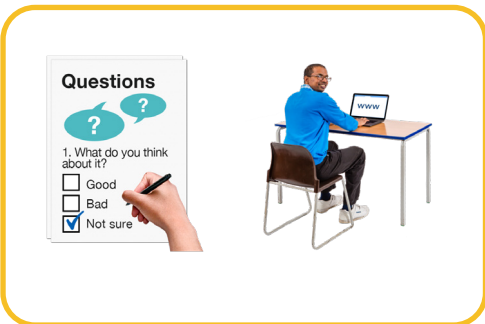
Filling in this questionnaire



- There are no right or wrong answers



- If you can fill in the questionnaire on your own, please do this. Or you can ask anyone you feel happy with to help you to fill it in.



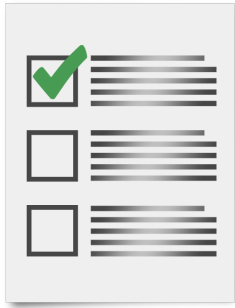
- You can fill in the questionnaire online or on paper.



- If you fill it in on paper, your support worker can put your answers into the online survey for you afterwards if want them to.



- Or you can do this yourself or with help from someone else.



- The survey has multiple choice answers.

Anything
else?

- If you want to tell us more, let your support worker know. For example, you might want to tell us about something that is good, bad or needs to change.



- When we have all results from the questionnaire, we will share these with our services, so everyone can know how people feel about Turning Point support.



- Thank you for filling in the questionnaire. It will help us to help make sure the support Turning Point provides is the best it can be.

My Turning Point Experience: Thank you for filling in this questionnaire.

This questionnaire is for anyone who is being supported by Turning Point now or has been supported in the last year.



1. Please tell us which Turning Point service supports/or supported you? (Please tell us the name and area of the service)



2. Are you supported by Turning Point:

- ☐ Now
- ☐ In the past



**3. What do you think about our service?
(Please choose one box)**

- ☐ Very Good
- ☐ Good
- ☐ OK
- ☐ Poor
- ☐ Very Poor
- ☐ Don't know



4. Did you get the support you wanted from Turning Point? (Please choose one box)

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't know



5. Did support staff listen and communicate well with you? (Please choose one box)

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't know



6. Did you feel involved in decisions about your support ? (Please choose one box)

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't know



7. Did you feel safe in the service? (Please choose one box)

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't know



8. On a scale of 1 - 10 would you say to your friends, family or colleagues to use Turning Point Services? (Please choose one box 1 is Never, 10 is Definitely)

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



9. I filled in this questionnaire:

<input type="checkbox"/>	On my own
<input type="checkbox"/>	With support



Thank you again for filling this in. You or your support worker can help to put your answers into the online survey.

This is a QR code you can use or here is the link to the survey
mytp.me/experience

